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ABSTRACT

Recent legislation, notably Public Law 94-142 (Education for All Handicapped Children Act), has mandated mainstreaming of the handicapped in educational settings, including the college and university campus. Section 504 of the Rehabilitation Act of 1973 also requires colleges and universities to accept qualified applicants regardless of handicap. The key concept of Section 504 is the principle of access, that is, physical access must be provided by each institution of higher learning. There has been a wide variety of response to this mandate, including such architectural modifications as building ramps, curb cuts, lowering of telephones and water fountains, and wider entrances. Special services and programs are being offered, including brochures and college catalogues describing special programs; personal, vocational and para-medical counseling; and interpreters for the deaf. Changing misconceptions about the abilities of the handicapped is an important step in mainstreaming this population. Funding for these changes is another major concern of college and university administrators which can be handled by setting up timetables for the needed changes and seeking cost-effective solutions to topographical and architectural barriers. Some handicaps, such as learning disabilities, require academic planning and course modifications. The three major models being used by most universities for delivery of services to the handicapped are: a highly centralized, complete, and direct service program; a highly coordinated, and decentralized program; and a loosely coordinated program. (PHR)

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ACCESS TO HIGHER EDUCATION: MAINSTREAMING ON THE CAMPUS

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Higher education has been negligent in its responsibility to provide access to handicapped persons. Budget constraints, declining enrollments, and pressures to meet the needs of a mass student population have prevented colleges and universities form making their programs responsive to the "special needs" of the handicapped.

Currently, however, there is increasing insistence that the handicapped be provided with higher educational opportunities that would allow them to develop their potential and achieve at a level commensurate with their interests and abilities. Access to higher education for the handicapped is now mandated by federal law. In the past decade, the United States Congress has enacted several major laws designed to bring handicapped persons into the mainstream of American life. With the passage of the Rehabilitation Act of 1973 and the Education for All Handicapped Children Act of 1975, colleges and universities must now ensure that their programs and services are accessible to the handicapped.

The Education for All Handicapped Children Act (PL 94-142) provides for a free, appropriate public education for all handicapped children in the least restrictive environment.

The law has provisions for the education of children with special needs between the ages of three and twenty-one. Public law 94-142 provides a team approach for the education of handicapped children. The law mandates that an Individualized Education Program (I.E.P.), tailored to the special learning needs of the child, be developed by school administrators, medical and psychological personnel, teachers, parents, and the handicapped child whenever appropriate.

The impact of P.L. 94-142 on colleges and universities is just beginning to be felt. First, the provision for a free and appropriate education for individuals extending to the age of twenty-one translates into a newly defined population of handicapped persons that will be seeking entrance to college and university programs. Secondly, now that quality educational services within public schools are provided, it is anticipated that many more children with special learning needs will develop to the point where they will compete for admissions to institutions of higher learning. Public Law 94-142 is anticipated to have a substantial impact on the numbers of handicapped persons that will become eligible and seek opportunity to further their education in college and university programs designed to meet their unique needs. Finally, college and university personnel who are responsible for ensuring that the handicapped have equality of educational opportunity are turning to P.L. 94-142 as a

model for providing such programs. Many colleges and universities develop Individual Education Programs for the handicapped student. The Individual Programs may be developed by a team of university representatives such as college counselors, professors, college administrators, and the individual. The Individual Educational Program identifies learning problems that may be encountered by the individual and stipulates accomodations and modifications that must be made in order to overcome such problems. The Individual Education Plan offers solutions to on-campus educational, vocational and social problems. P.L. 94-142, with its provisions for Individual Educational Programs, has brought great new opportunities for the handicapped to gain access to higher education.

Section 504 of the Rehabilitation Act of 1973 bans discrimination against qualified handicapped individuals in programs that receive federal financial assistance. It is a guarantee of equal rights for the handicapped, much in the manner that the Civil Rights Act of 1964 provides guarantees for minorities. Section 504 mandates that as recipients of federal financial assistance all colleges and universities may not:

1) Deny the handicapped equality of opportunity;

2) Provide the handicapped services or benefits which are not as effective as that provided to non-handicapped individuals;

3) Perpetuate discrimination by assisting any agency that discriminates on the basis of handicap;

4) Limit the handicapped in opportunities provided others.

Section 504 further states that institutions receiving federal aid may not provide different services to the handicapped unless such action is necessary to provide qualified handicapped persons with services as effective as those provided others.

The Rehabilitation Act defines the handicapped individual as any person who "has a physical or mental impairment that substantially limits one or more of such persons major life activities, has a record of such impairment, or is regarded as having such an impairment."

For purposes of this discussion, however, the definition of handicapped as it pertains to university work follows more closely Rusalem's:[1] "...one having activity limitations ascertainable by a physican and other professional personnel which affects his functioning on the campus to such a degree that one or more special services not offered to other students and/or intensified existing services are required for his continued successful functioning, academically and/or socially."

Under Section 504, if federally supported lectures, education programs, transportation or housing are offered to the public, the college or university must guarantee that allowances have been made to accomodate the handicapped. The Rehabilitation Act of 1973 has particular provissions that

extend into the areas of admissions, housing, academic programs, financial aid, athletics and employment. The key concept underlying Section 504 is the principle of "ACCESS." Physical access must be provided by each institution of higher education. Access must also be extended to academic and extracurricular programs and services.

How have colleges and universities sought to meet the needs of handicapped and to respond to the legislative mandates? There is no one response to this question. A nationwide survey of institutions of higher learning reveals a wide variety of program response.

Architectural modifications have been made by many institutions to allow individuals physical access. Among the architectural modifications we find: ramping of buildings; curb cuts; lowering of water fountains; lowering of public telephones; automatic doors on entrance ways; wider entrance ways; wider entrances that allow for wheelchairs; space for wheelchairs in classrooms, libraries, and auditoriums; braille maps braille markers on buildings; widening doors on toilet stalls and attaching grab rails inside stalls; visual fire alarms for the deaf; proximate parking for the disabled; handrails in halls; telephones with hearing amplifiers; barrier free campus housing; and specially equipped vans for on-campus transportation.

Colleges and universities that have made such architectural modifications are finding that they have removed barriers that serve to perpetuate attitudinal barriers. By removing physical barriers, colleges and universities no longer force the handicapped to live in a separate dependent society but rather allow for maximum integration of the disabled student into the mainstream of campus life.

Special services which facilitate programs access are being offered by many of the colleges and universities across the country. Among the services being provided to accommodate the handicapped are: brochures and college catalogues describing special programs; pre-admission counseling and evaluation services to identify learning problems; special orientation programs; financial aid supports; personal, vocational and para-medical counseling, special medical and nutritional services; note takers; interpreters for the deaf; adapted physical education; adapted sports programs; remedial classes; library learning centers equipped with braille writers, opticons, talking books, braille calculators, aides to serve as readers; and modification made in class assignments.

This sign appears on the backs of wheelechairs of some quadraplegic university students at the University of Illinois. This statement, perhaps more than any other summarizes the need for universities and colleges to reexamine their policies regarding handicapping or limiting conditions as they relate to higher education. For far too long the response of academe to handicapped students has been too much "stare" and not enough "push."

The "stare" comes primarily from lack of knowledge and fear on the part of professors and administrators. In my work with handicapped college students, I often meet a response of, "If he can't write, how can I test him," or "We must counsel that legally blind pre-medical student to go into another field of endeavor. She'll never make it through medical school." Even the most well-meaning can be guilty of pity or pre-conceived notions about the nature of a particular handicap and the possibility of alternative means to achieve curricular parity in a given field of study. Eric Gentile, Assistant Coordinator of the Office of Programs for Handicapped students at Michigan State has said, "There are a lot of laws on the books concerning accessibility for the handicapped, but still they're only as effective as the attitudes."[2]

In Joseph Newman's study of faculty attitudes done in 1976,[3] he found that 78 per-cent of those polled favored an unrestricted admission policy for the university as a whole but only 60 percent

so responded when open admissions were to be applied to their own department.

This points out what has happened all too often. The theory is fine and we will all support it, until it must be put into practice and requires extra work on our part. Another major cause of reticence concerning handicapped students on the part of universities stems from financial concerns. When faced with the mandate of article 504 legislation, the need for major structural modifications seems overwhelming, particularly for older campuses which usually seems to have been built on majestic terrain and in a style with a "penchant for the monumental, with high flights of stairs... As with most ivy-covered bastions of learning, those buildings are sanctuaries of traditions and zealously protected."[3]

There is no questions but that installing elevators and renovating entrances is expensive, but rather than throw up our hands and say, "It's too much, we can't do it," why not create a timetable of what can be done now and how we can plan year-by-year to complete the process. Some barriers can be eliminated at minimal cost and a creative approach to a given problem can also cut costs. If a class is held in a building without elevators, it is not necessary to install evelators if the class can be moved to the ground floor.

Today, three years after Dr. Newman's study, few universities are unaware of the rights of the handicapped. Most have at least begun to assess their campuses if not to affect change as yet. The question now is how to most effectively establish programs, provide services, and integrate these students into higher education. We want to stop staring but where and how do we push.

There appear to be three major problem areas. The first is the task of convincing various sectors of the University of the need for special services or special ways of providing existing services. The second has to do with cost-effective removal of topographical and architecture barriers. One question I am often asked is, "How many students would be here if we did make these changes?" There is very little in the way of projected figures as to total numbers who would avail themselves of higher education if it were a possibility for them. In any case that is a moot point since HEW has stated that numbers are immaterial. We must ensure the Constitutional rights of every person.[4] Indications are, however, that many more students would enroll if barriers were removed.

In a time of declining enrollment in many of the nations colleges it will be increasingly important to encourage this sector of the nations population to pursue higher education. There are some encouraging statistics reported by McBee and Cox:[5] "Most colleges and universities which have become accesi-

ble and which have developed such specialized services have increased enrollment:"[4]...at the University of California at Riverside, handicapped enrolment grew from 13 to 300 in six years; at the University of Kentucky, from 100 to 400 in three years; and at the University of Arizona from 50 to 170 in three years."

The third major problem area falls into a gray zone. Many handicaps, particularly learning disabilities, deafness and neurological impairments are not visible and do not require physical assess so much as they do academic planning and course modifications. Many of my students with such problems have had trouble convincing professors that they need to use a tape recorder or that they can only take oral examinations because they cannot write. Such students have told me that they felt that even where such accomodations were made, the special attention and the need to plead their case was embarrassing. In fact they felt that their grade range was lower than that of other students because of their special needs. This area especially is a neglected one and requires consciousness raising to acquaint faculty with the nature of such problems, and the ways to provide for alternate learning styles while maintaining the integrity of the course requirements.

One of the most frequent arguments that I have heard from faculty members concerning the learning disabled relates to that long-time premise of higher education to produce people who have read widely and can write about what they have read.

It seems to be a quantum leap for university educators to begin to realize that people can "read" with their ears and can verbalize about what they have read just as effectively and articulately as if it were written. It is merely a question of modality. I am not talking about exemption from course requirements or curricular detours but alternate means of fulfilling requirements. Admittedly it may require a little extra work and imagination on the part of faculty, but if that poses a threat perhaps teaching is not where their strength lies. To those who argue "It's never been done," I counter with "why?" Education does not have an especially impressive track record at this time. Perhaps we should try few innovations - not only for "special needs" students but as a possible option for all students. I see no reason why preferred learning style could not be an option for all students.

One interesting observation that has shown up again and again with the learning disabled is that they may be able to handle most university work quite well. They have learned compensatory techniques and have built their own system of learning or a combination of utilizing all their senses. Then, they begin a foreign language or higher mathmatics or even music theory and find that everything falls apart. They have learned through twelve years of dealing with one symbolic language how to overcome or circumvent their perceptual problem

only to have problems crop up again when asked to learn a new symbolic sign language. For these students perhaps detours are necessary, but hardly ones that would endanger academic integrity. One can certainly appreciate and understand Beowulf without reading old English. It would appear to follow that the Divine Comedy would not be totally without merit if read in translation. Music appreciation, while quite different from music theory, still provides an acquaintance with music that fits into the liberal arts tradition and could be substituted in a fine arts requirement. These substitutions apply particularly to the "core," or required, distribution courses that most universities demand of their students. In terms of major courses and degree requirements, such substitutes might not be feasible. In the case of the legally blind pre-med student, we found that she was able to study microbiology with the aid of a projecting microscope which enlarged the slide under the microscope and projected it with special lighting onto a vertical screen. Her remaining sight was adequate to discern the important features in each slide. Each individual case presents particular problems but few problems are insurmountable if we begin with the premise that innovations are possible. That is not to say that every student who has a deficient area can do

every course of study. Handicapped students have the same right to fail as non-handicapped students, and all students need the help of realistic goals and guidance, but we must avoid the pre-conceived standards of the past and instead think about the possibility of accomodating the student who can learn if he is allowed to utilize his strengths.

If we accept the fact that the needs exist, that the students exist, that ways can be found to provide physical and program accessibility, and that we are ready to stop staring and begin to push, what is our modus operandi. How can we begin to design a model that will work in our university?

To date there are three major models for delivery of service to handicapped students that are being used by most universities:

I. Highly Centralized, Complete and Direct Service Program.

This is a program, similar in design to the Higher Education Opportunity Programs (H.E.O.P.) for disadvantaged students. The program provides all services directly. On the staff there are specialists in assessment and diagnosis, counseling, career guidance, academic tutoring, and medical needs, etc.. In this self-contained unit special equipment for the blind and deaf students is housed. This model has been prevalent in universities that have received large grants to study the needs of special students and to provide the services directly.

While the findings indicate that these programs do produce results, they also have several drawbacks. Most importantly, such programs are expensive. The need for a specialized staff and a self-contained facility are both costly items, and few universities have the kind of budgets which could withstand such a continuing outlay of funds. Another objection which appears even more relevant, however, is that such programs do not provide for the handicapped student to be integrated into the mainstream. One of the major goals in rehabilitation therapy is to get the person to be as totally independent as possible. In this model perhaps too much support is provided. Handicapped students tend to spend their free time in the center and associate only with others in the program. They rely on continued support service without learning new skills themselves. This neither serves to help the student begin to integrate with other non-handicapped university students nor does it help the non-handicapped students and faculty to see handicapped persons in their own environment. This last aspect is particulary important since daily contact is the best possible way to begin to dispell misconceptions about handicapped persons. We are not providing the "least restrictive environment" if we funnel these students through a unit of the university that is not dealing with the entire student body.

II. Lossely Coordinated Program.

This is largely a non-model. It consists only of a person who handles referrals of special needs students to other community or private agencies where services can be provided. The drawbacks are apparent since no direct services are provided. It is really not dealing with the problem and puts all the burden onto the student. The time and logistical considerations of having to go off campus for any help, puts added pressure onto a handicapped person.

III. Highly Coordinated and Decentralized Program.

According to a survey done by McBee and Cox in 1974[5] this model is the most prevalent. In this model a trained specialist in the academic needs and support services necessary for the handicapped acts as a program coordinator and resource person for all areas of the university. This program offers varied direct and indirect services and acts as a clearing house for all facets of planning as well as for dealing directly with problems as they arise. The cost of such a program is minimal in terms of personnel and encourages both the growth and self-reliance of the handicapped student while at the same time encouraging development of resources throughout the university. The coordinator works with various units of the university such as admissions, housing, registrar, counseling (personal, academic and vocational) to provide whatever services are needed.

The students are part of the mainstream. The faculty, students, and administrators all work together and thus increase their exposure and knowledge of each other. With the coordinator as a resource person who is familar with the law and the alternate methods for achieving goals, the faculty and administration have the support services they need to solve problems realistically. Once they become aware of the needs and the possibile solutions to problems they are able to deal with similar situations themselves. There is a ripple affect as more and more people become aware first-hand that there are many more similarites between handicapped students and non-handicapped students than there are differences.

Whether the handicaps are visible or not, students who have special needs are demanding the right to higher education and to an opportunity to achieve and contribute to society in a manner commensurate with their abilities and interests. Regardless of the model we adop we must become advocates for educational access for the handicapped. These people represent one of our greatest untapped human resources. As we all begin to push together the load becomes lighter.

Footnotes

[1]Rusalem, H., Guiding the Physically Handicapped College Student. TC Series in Special Education. New York Bureau of Publications, Teachers College, Columbia University, 1962. p.1.

[2]Doran, Bernadette, "Into the Mainstream," Nation's Schools and Colleges. March, 1975. p. 37.

[3]Newman, Joseph. "Faculty Attitudes Towards Handicapped Students," Rehabilitation Literature, Vol. 37, No. 7, July 1976. p. 195.

[4]_____, "The Handicapped: HEW Moving on Civil Rights in Higher Education." Science. Vol. 194, December 1976. p. 1400.

[5]McBee, M. Louise and Cox, John L., "Higher Education and the Physically Handicapped," NASPA, Vol. 12, No. 2, February 1974. p. 98.

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